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February 23, 2005

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APPLICATION NUMBER: 60/541,596

FILING DATE: *February 04, 2004*

RELATED PCT APPLICATION NUMBER: *PCT/US05/03713*



Certified by

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

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 60/541596



020404

INVENTOR(S)					
Given Name (first and middle (if any))		Family Name or Surname		Residence (City and either State or Foreign Country)	
DALE Edward		Boyd		NC	
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (500 characters max)					
Clinical male ponders (Ponds) <u>DIAPY HEALTH</u>					
Direct all correspondence to: CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number _____ OR <input checked="" type="checkbox"/> Firm or Individual Name <u>Dale Edward Boyd</u>		Type Customer Number here _____ <u>PO Box 11486</u>		Place Customer Number Bar Code Label here	
Address					
Address					
City	<u>Goldsboro</u>	State	<u>NC</u>	ZIP	<u>27532</u>
Country	<u>Wayne</u>	Telephone	<u>919 736 8135</u>	Fax	
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/> Specification Number of Pages _____		<input type="checkbox"/> CD(s), Number _____			
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets <u>(4)</u>		<input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees <input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: _____ <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				FILING FEE AMOUNT (\$) <u>\$180.00 ea</u>	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted,

SIGNATURE

TYPED or PRINTED NAME

TELEPHONE

Date

REGISTRATION NO.
 (if appropriate)
 Docket Number:

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

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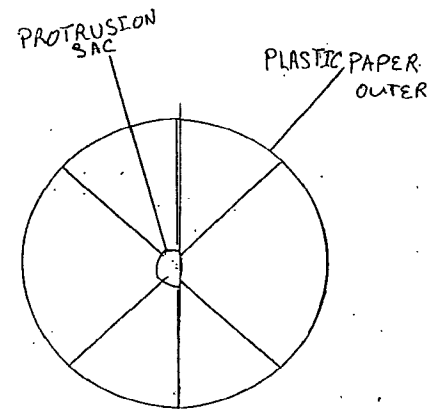
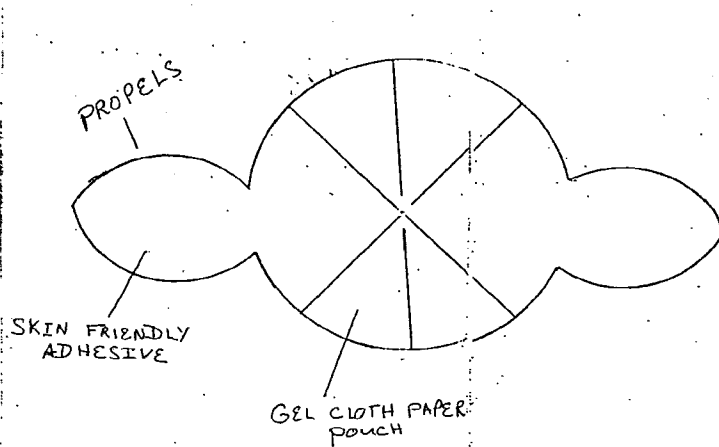
INVENTOR(S)/APPLICANT(S)		
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DALE Edward	Boyd	Goldsboro North Carolina
		Mail Stop provisional Application Commissioner patents PO Box 1450 Alexandria VA 22313-1450

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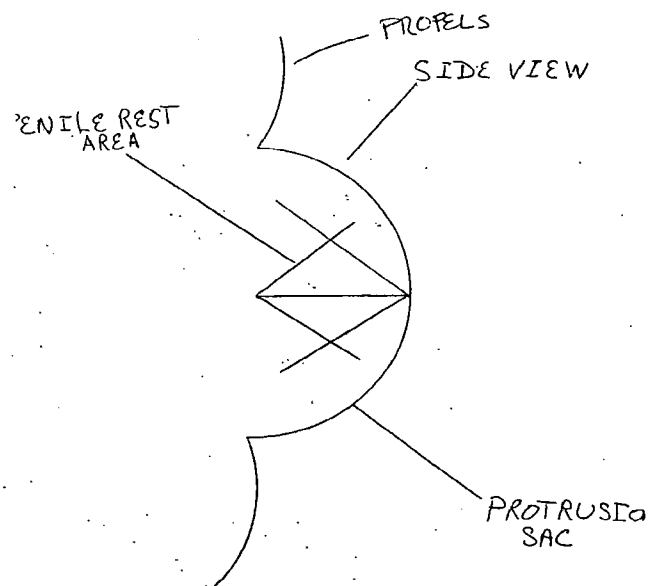
DIAPIE INNERVATION

HUMAN MALE
PENILE ALLOVER DIAPIE

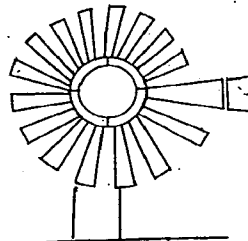


DESCRIPTION OF INVENTION

1. PENILE ALLOVER DIAPIE
HAS TWO PROPEL TO STICK
ON PENIS SKIN LIKE BAND-AID
JUST WITH MORE SKIN FRIENDLY
ADHESIVE.
2. A GEL CLOTH PAPER POUCH EASY
DISPOSABLE WITH SCENTED
OR NON-SCENTED REST AREA
3. PLASTIC POUCH OUTER BAND
BIODEGRADABLE MATERIAL
TO CATCH UNCONTROLLABLE DEPOSITS.



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